



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

underlying post-traumatic stress disorder.

Therefore, health-care professionals must consider underlying mental illness, especially PTSD, and the benefits of tailored psychiatric intervention when presented with this demographic of young people seeking, being addicted to, or presenting with complications of cough syrup misuse, which might prove to be the only opportunity to offer support by treating the cause and not just the effect of drug misuse.

I declare no competing interests.

Hanad Ahmed
ha1g14@soton.ac.uk

Faculty of Medicine, University of Southampton,
Southampton SO17 1BJ, UK

- 1 Lynch KL, Shapiro BJ, Coffa D, Novak SP, Kral AH. Promethazine use among chronic pain patients. *Drug Alcohol Depend* 2015; **150**: 92–97.
- 2 Agnich LE, Stogner JM, Miller BL, Marcum CD. Purple drank prevalence and characteristics of misusers of codeine cough syrup mixtures. *Addict Behav* 2013; **38**: 2445–49.
- 3 Carney T, Wells J, Parry CDH, McGuinness P, Harris R, Van Hout MC. A comparative analysis of pharmacists' perspectives on codeine use and misuse—a three country survey. *Subst Abuse Treat Prev Policy* 2018; **13**: 12.
- 4 Khoury L, Tang YL, Bradley B, Cubells JF, Ressler KJ. Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population. *Depress Anxiety* 2010; **27**: 1077–86.
- 5 Public Health England. The mental health needs of gang-affiliated young people. A briefing produced as part of the Ending Gang and Youth Violence programme. 2015. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771130/The_mental_health_needs_of_gang-affiliated_young_people_v3_23_01_1.pdf (accessed July 2, 2020).

COVID-19 and the communication blackouts in Kashmir, India

The COVID-19 pandemic has caused mental health problems globally, particularly fear of infection, anxiety, depression, and post-traumatic stress disorder.¹ Delivery of mental health services has been adversely affected in all countries, but the effects have

been compounded in the Kashmir valley due to the enduring political turmoil.² Although Kashmir's 7-month communications blackout, which was enforced by the central government of India due to a change in the constitution, was lifted just before the COVID-19 pandemic began, the valley has still been experiencing blackouts affecting mobile phone and internet services, disrupting telepsychiatric approaches.³ Internet services are currently restricted to 2G,⁴ which complicates the lockdown imposed to reduce severe acute respiratory syndrome coronavirus 2 transmission in the valley. The combination of communication blackouts with lockdowns in Kashmir is likely to cause loneliness and escalate psychological distress. The Indian Psychiatry Society found a 20% increase of mental illness in India within a few weeks of lockdown starting (March 25, 2020) and formulated national guidelines for telehealth services.⁵ However, such services are being thwarted in Kashmir because of poor connectivity.

We urge policy makers, researchers, health-care professionals, and stakeholders to find new and innovative ways of delivering mental health services in Kashmir. We suggest the launch of special hotline services with 4G internet services so that mental state examinations could be done during a phone call and proper management could be suggested. Hospitals and mental health clinics should follow up callers at the shortest possible interval to ensure regular and timely mental health surveillance to improve mental health services in Kashmir. Telepsychiatry using mobile applications can be a promising way for delivering mental health services.

We declare no competing interests

Sheikh Shuib, *S M Yasir Arafat
arafatdm62@gmail.com

Department of Psychiatry, Jawahar Lal Nehru Memorial Hospital, Rainawari, Srinagar, Jammu and Kashmir, India (SS); and Department of Psychiatry, Enam Medical College and Hospital, Dhaka-1340, Bangladesh (SMYA)

- 1 Rogers JP, Chesney E, Oliver D, et al. Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry* 2020; **7**: 611–27.
- 2 de Jong K, vd Kam S, Fromm S, et al. Kashmir: violence and health. Amsterdam: Médecins Sans Frontières, 2006.
- 3 Ransing R, Nagendrappa S, Patil A, Shuib S, Sarkar D. Potential role of artificial intelligence to address the COVID-19 outbreak-related mental health issues in India. *Psychiatry Res* 2020; **290**: 113176.
- 4 @nistula. March 4, 2020. <https://twitter.com/nistula/status/1235127785238253568> (accessed July 7, 2020).
- 5 Naik A. As India's lockdown ends, a mental health crisis is looming. World Economic Forum. May 18, 2020. <https://www.weforum.org/agenda/2020/05/indias-lockdown-ends-mental-health-crisis-beginning> (accessed July 7, 2020).

Ukrainian mental health services and World Psychiatric Association Expert Committee recommendations

On Oct 19, 2017, the Parliament of Ukraine initiated health reform by adopting the Law of Ukraine on government financial guarantees of public medical services.¹ The first phase of the reform, in 2018, focused on primary health care, the eHealth system, and creation of the National Health Service of Ukraine. The second phase, addressing secondary and tertiary care, was launched on April 1, 2020. Before the reform, regional health departments could decide how much funding from the state health budget should go to mental health services in each region. From April, 2020, mental health services entered into an agreement with the National Health Service individually.² The changes resulted in severe budget cuts for most of the state psychiatric hospitals. Ukraine has a population of about 44.6 million, of whom 1847 113 (4%) received mental health care in 2018. 1 499 239 patients attended outpatient services, 308 735 patients

were treated in psychiatric hospitals, and 39 139 attended day hospitals.³

To study the emerging difficulties in mental health-care service delivery related to these changes, the Ukrainian Psychiatric Association did a survey. Invitations were sent by email to all 25 regional health departments, except the Crimea and parts of the Lugansk region, because they are not under control of the Ukrainian authorities. Regional health departments were asked to forward the invitation to directors of mental health services (including inpatients, outpatients, and day-care services) in their region. Non-responders were followed up by telephone call.

From April 8–16, 2020, representatives of 53 mental health services from 21 regions of Ukraine completed the online survey. No information was received from four regions (Chernivtsi, Lugansk, Poltava, and Sumy). The results of the survey indicated that funding for psychiatric hospitals provided by the National Health Service for the period from April 1 to Dec 31, 2020, was reduced by 50–25% compared with the same period in 2019. Service providers estimated that these financial cuts could lead to the loss of 3164 full-time equivalent positions, of whom 2485 would be health-care specialists (197 doctors, 661 nurses, 1237 nurse assistants, and 390 other specialists, including psychologists and social workers). In addition, 785 workers had already been shifted from full-time to part-time employment, including 169 doctors, 188 nurses, 309 nurse assistants, and 119 other specialists.

In May, 2020, the Ukrainian Psychiatric Association (UPA) and the Association of Neurologists, Psychiatrists and Narcologists of Ukraine (ANPNU) approached the World Psychiatric Association (WPA) with a request for assistance. The WPA, in collaboration with the Federation Global Initiative on Psychiatry, established a WPA Expert Committee to provide recommendations. The

members of the committee were selected on the basis of their expertise and knowledge of the situation in Ukraine. The Expert Committee met weekly for 5 weeks using online conferences.

The WPA Expert Committee noted that the second phase of the health reform had not been properly prepared and implemented when the COVID-19 pandemic reached Ukraine. The first case of COVID-19 in Ukraine was recorded on Feb 29, 2020, and by July 3, there were 46 763 confirmed cases and more than 90 000 suspected cases, with 6874 confirmed cases among health-care workers.

The WPA Expert Committee made six recommendations.

First, a regular consultation process between the Ministry of Health and the professional psychiatric associations (UPA and ANPNU) should be initiated.

Second, Ukraine adopted the concept for the development of mental health for the period up to 2030 on Dec 27, 2017.⁴ The concept proposed a national mental health action plan. This plan has been developed but not yet approved by the Government of Ukraine.⁵ The national mental health action plan needs to be adopted and used as a basis for future consultations to support implementation and commitment by all stakeholders, including representatives of all mental health-care professions, as well as consumers and their relatives and care providers.

Third, a financing mechanism should be put in place that allows the continuation of in-patient care while community services are being developed (twin-track approach). A gradual reduction or phasing out of beds would result in a step-by-step transfer of finances to these newly established services.

Fourth, specialist multidisciplinary teams should be set up to form the backbone of community-based mental health-care services. These teams need to be properly trained

and resourced before the process of deinstitutionalisation is rolled out nationally.

Fifth, international guidelines and obligations and human rights commitments need to be adhered to.

Sixth, independent advocacy for each service user should be established and available to ensure that their interests are meaningfully represented by someone who is impartial to both the institution and the person's social circle, yet is fully committed to their wellbeing and the upholding of their right to liberty at all times.

Seventh, phasing in of modern technology—eg, e-health and m-health applications, easily accessible mental health websites for the general public, and e-learning materials in the context of sustainable training programmes—should be considered.

Furthermore, the WPA Expert Committee suggests that both Ukrainian member associations should keep the WPA informed and request specific follow-up advice when necessary to monitor the provision of treatment and care for people with mental illness in Ukraine.

We declare no competing interests.

**Norbert Skokauskas, Eka Chonia, Robert van Voren, Philippe Delespaul, Arunas Germanavicius, Rob Keukens, Iryna Pinchuk, Marianne Schulze, Igor Koutsenok, Helen Herrman, Afzal Javed, Norman Sartorius, Graham Thornicroft*
norbert.skokauskas@ntnu.no

Centre for Child and Adolescent Mental Health and Child Protection, Norwegian University of Science and Technology, Trondheim 7030, Norway (NS); Department of Psychiatry, Tbilisi State Medical University, Tbilisi, Georgia (EC); Human Rights in Mental Health-Federation Global Initiative on Psychiatry, Hilversum, Netherlands (RvV, MS); Vytautas Magnus University, Kaunas, Lithuania (RvV); Departments of Psychiatry and Neuropsychology, Maastricht University, Maastricht, Netherlands (PD); Republican Vilnius Psychiatric Hospital, Vilnius, Lithuania (AG); Faculty of Medicine, Vilnius University, Vilnius, Lithuania (AG); GGZ Ecademy, Tilburg, Netherlands (RK); Federation Global Initiative on Psychiatry, Hilversum, Netherlands (RK); Institute of Psychiatry, Taras Shevchenko National University of Kyiv, Kiev, Ukraine (IP); Department of Psychiatry, University of California San Diego, San Diego, CA,

For more on the **Public Health Center of the Ministry of Health of Ukraine** see <https://www.phc.org.ua>

For more on the **Federation Global Initiative on Psychiatry** see www.gip-global.org

USA (IK); World Psychiatric Association, Geneva, Switzerland (HH, AJ); Orygen and Centre for Youth Mental Health, The University of Melbourne, Melbourne, VIC, Australia (HH); Pakistan Psychiatric Research Centre, Fountain House, Lahore, Pakistan (AJ); Department of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Coventry, UK (AJ); Association for the Improvement of Mental Health Programmes, Geneva, Switzerland (NS); and Centre for Global Mental Health and Centre for Implementation Science, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, UK (GT)

- 1 Ministry of Health. Health care system reform. Ukraine Government Portal, 2019. <https://www.kmu.gov.ua/en/reformi/rozvitok-lyudskogo-kapitalu/reforma-sistemi-ohoroni-zdorovya> (accessed June 25, 2020).
- 2 Supreme Council of Ukraine. Law of Ukraine no 2168-VIII, on state financial guarantees for public medical services (in Ukrainian). 2017. http://search.ligazakon.ua/L_doc2.nsf/link1/T172168.html (accessed June 25, 2020).
- 3 Ministry of Health. Report on psychiatric care for 2018 (in Ukrainian). <https://cmhmda.org.ua/category/statistic/zvedena-forma-10/> (accessed June 25, 2020).
- 4 Cabinet of Ministers of Ukraine. Decree no 1018-r of the Cabinet of Ministers of Ukraine on approval of the concept of development of mental health system until 2030 (in Ukrainian). <https://zakon.rada.gov.ua/laws/show/1018-2017-%D1%80#Text> (accessed July 6, 2020).
- 5 Ministry of Health. National mental health action plan. March 12, 2018 (in Ukrainian). <https://moz.gov.ua/article/news/moz-zakliae-doluchitis-do-obgovorennja-nacionalnogo-planu-zahodiv-z-rozvitku-ohoroni-psihichnogo-zdorovja> (accessed July 6, 2020).